Hospital-acquired conditions

Section 5001(c) of Deficit Reduction Act (DRA) requires Secretary to select at least two conditions by 10/1/07 that are:

1). High cost or high volume or both

2). Assigned to a higher paying DRG when present as a secondary diagnosis

3). Reasonably preventable through application of evidence based guidelines

Hospital-acquired conditions

- Beginning 10/1/08, the conditions will not be assigned to higher paying DRG unless present on admission (POA)
  - If hospital-acquired condition is only MCC/CC then HAC will not lead to assignment to MCC/CC severity level
  - If other secondary conditions reported which are MCC/CCs, then case would be assigned to higher severity level
- For discharges on or after 10/1/07 -hospitals begin submitting POA information on secondary diagnoses
  - Excludes CAH, psych and rehab hospitals
  - Applies only to acute IPPS hospitals

Present on Admission Indicator

- CR 5499, dated May 11, 2007 gives requirements
  - Begin reporting POA for discharges on or after 10/1/07. No penalty at first.
  - Discharges on or after 1/1/08 claims will be processed without POA; however, will get remark code in remittance advice noting omission of POA
  - Discharges on or after 4/1/08 – claim returned if POA info is missing

Present on Admission Indicator

- CR 5499, dated May 11, 2007 gives requirements
  - Direct data entry (DDE) screens cannot be updated to include this information until January 1, 2008
  - Therefore hospitals submitting claims via DDE will begin submitting POA indicators on 1/1/08

Present on Admission Indicator

- Claims submitted electronically via 837, 4010A1 format shall use **segment K3 in the 2300 loop, data element K301**
- Data element shall contain letters “POA”, followed by a single POA indicator for every diagnosis on the claim
- POA indicator for principal diagnosis should be first indicator after “POA”

Present on Admission Indicator

- Secondary diagnoses will follow, if applicable
- The last POA indicator for principal and, if applicable, other diagnoses shall be followed by the letter “Z” to indicate the end of POA indicators for principal and, if applicable, other diagnoses

Present on Admission Indicator

- The POA indicators should be reported in the same sequence as are the principal and secondary diagnoses
- POA indicators should be included for all diagnoses reported on the claim, even though CMS currently only processes the first 9 diagnoses

Present on Admission Indicator Paper Claims

- Effective 10/1/07 hospitals reporting on UB-04 paper claims will also report POA indicators
- The POA is placed in the eighth digit of FL 67, Principal diagnosis and the eighth digit of each Secondary diagnosis in fields FL 67 A-Q

Present on Admission Indicator

- Y - Yes (present at the time of inpatient admission)
- N – No (not present at the time of inpatient admission)
- U - Unknown (documentation is insufficient to determine if condition is present at time of inpatient admission)
- W – Clinically undetermined (provider is unable to clinically determine whether condition was present at time of inpatient admission or not)
- 1 -- Unreported/Not used – Exempt from POA reporting (This code is the equivalent of a blank on the UB-04, but blanks are not desirable when submitting data via the 4010A1.

Present on Admission Indicator

If K3 segment reads as follows:

“POAYNUW1YZ” - Represents claim with 1 principal and 5 secondary diagnoses (6 POAs)

- Principal POA (Y) and 5 secondary POAs are
  - not POA (N)
  - Unknown if POA (U)
  - Clinically undetermined (W)
  - Exempt from reporting (1)
  - POA (Y)
  - Z indicates the end of the POA data elements

8 Hospital-acquired conditions (HACs) for 10/1/08 implementation

1. Serious preventable event – object left in surgery
   - 998.4 - CC
2. Serious preventable event - air embolism
   - 999.1 - MCC
3. Serious preventable event- blood incompatibility
   - 999.6 - CC
4. Catheter associated urinary tract infection
   - 996.64 & 599.0 – CCs

8 HACs for 10/1/08 implementation - continued

5. Pressure ulcers
   - 707.00, 707.01, & 707.09 – CCs
   - 707.02 – 707.07 - MCCs
6. Vascular catheter associated infection
   - 999.31- CC
7. Surgical site infection – Mediastinitis after CABG
   - 519.2 - MCC & 36.10 – 36.19
8. Falls – specific trauma codes

- http://www.cms.hhs.gov/AcuteInpatientPPS/FFD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=2&sortOrder=ascending&itemID=CMS1201740&intNumPerPage=10 - MCC & CC

Hospital-acquired conditions

- 3 Additional HAC possibilities for 10/1/08
  1. Ventilator associated pneumonia – working to create new code
  2. Staphylococcus aureus septicemia – need to clarify instances when preventable
     - 038.11 + 995.91, 998.59, 999.3 - MCCs
  3. Deep vein thrombosis (DVT) and pulmonary embolism (PE) – need to identify instances when preventable, such as after certain elective surgeries
     - DVT: 453.40 – 453.42 – CC
     - PE: 415.10 & 415.19 - MCC

Hospital-acquired conditions

- Solicited input from the industry on better defining these conditions
- Also solicited additional areas for selection
- Continue to examine other areas
  - Clostridium Difficile-Associated Disease (CDAD) 008.45 – CC. Lack of prevention guidelines
  - Methicillin-Resistant Staphyloccocus Aureus (MRSA)
  - V09.0 – not a CC
- Will discuss further in the IPPS proposed rule for FY 2009

Additional information

- IPPS final rule - http://www.cms.hhs.gov/quarterlyproviderupdates/downloads/cms1533fc.pdf
  - Hospital acquired conditions – page 47200
- MLN Matters – POA information
- http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5499.pdf
- POA guidelines- ICD-9CM Official Guidelines, p. 92
- http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm